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INTERDISCIPLINARY COORDINATION AMONG EMERGENCY CARE, NURSING, AND HEALTH CARE SECURITY TEAMS IN ENHANCING THE SAFETY OF PATIENTS AND MEDICAL STAFF WITHIN EMERGENCY DEPARTMENTS

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Abstract

Background: Emergency departments (EDs) are dynamic and high-risk healthcare settings, the acuity of patients, overcrowding, and workplace violence (WPV) is a major threat to patient and staff safety. Interdisciplinary coordination, especially between emergency care clinicians, nursing personnel, and health care security teams, has been more crucial with regard to risk reduction, enhanced response effectiveness, and building a strong safety culture. Although the significance has gradually increased, the literature is still diverse and there has not been much synthesis of collaborative practices on safety outcomes across disciplines.

Purpose: This narrative review is a critical assessment of evidence regarding the role of coordinated practice in emergency care, nursing, and security teams on the safety of patients and healthcare staff in EDs. The review examines how effective teamwork works, systems of shared communication and interprofessional training programs and determines the main barriers, facilitators, and gaps in the existing research.

Methods: A thorough literature search was performed in PubMed and Google Scholar to find the relevant studies that were published between January 2020 and October 24. Search terms were a combination of Medical Subject Headings (MeSH) and free-text terms dealing with interdisciplinary coordination, emergency care, nursing teamwork, workplace violence, and health care security. English peer-reviewed studies were considered in case they involved collaborative practices and quantifiable safety outcomes in an ED setting. There were systematic reviews, meta-analyses, qualitative, quantitative, and mixed-method studies. The synthesis of the data was done narratively, based on thematic areas of teamwork, prevention of WPV, communication frameworks, and leadership integration.

Findings: The review found in common evidence that structured interdisciplinary coordination can positively affect the patient and staff safety outcomes. Research indicated that training,

including Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), de-escalation interventions, and combined security-clinical communication guidelines positively influenced the teamwork climate, decreased the number of incidents of the use of the WPV and positively affected the perception of safety culture. It was also discovered that nurse-physician collaboration minimized adverse events and communication errors, and the proactive involvement of security teams in the process of safety governance aided prompt mitigation of incidents. Nevertheless, there are still issues related to the lack of role definitions, staffing, and uneven application of policies. The gaps in the research are the lack of assessment of coordination models between security teams, the lack of longitudinal outcomes data, and validated tools to assess interprofessional coordination in EDs.

Conclusions: The interdisciplinary coordination of emergency care, nursing, and health care security teams is one of the keys to safety in EDs. New research has shown evidence that integrated training, standard communication, and shared leadership models reinforce high-acuity safety culture and resilience. In order to attain long-term progress, future studies must focus on multi-center, longitudinal studies involving patient and workforce outcomes and determining how far coordination frameworks are scalable to various emergency settings.

Keywords: Emergency Department; Interdisciplinary Coordination; Interprofessional Teamwork; Nursing; Healthcare Security; Workplace Violence; Patient Safety; Staff Safety; TeamSTEPPS; Safety Culture.

INTRODUCTION

Emergency departments (EDs) represent high-stakes, complex systems where clinicians must strike a balance between high-speed decision-making to diagnose patients and involving dynamic risk management of patients, families, and staff. Interdisciplinary coordination, especially between emergency care clinicians, the nursing teams, and health care security personnel, has proven to be a vital key in enhancing the safety in such environments. The urgency is great: the recent syntheses indicate that the problem of workplace violence (WPV) against ED clinicians is large and underreported, and it has quantifiable effects on psychological well-being, turnover, and the quality of patient care (e.g., delays, elopement, and errors) (Aljohani et al., 2021). Simultaneously, the findings of qualitative and mixed-methods research also emphasize that the breakdown of interprofessional collaboration, in particular, the failure in communication and misunderstandings associated with role assignments, are also among the most frequent factors in situations of critical incidence in the ED (Hassan et al., 2024).

Although clinical response remains anchored by the ED nurses and physicians, health care security teams are being placed more and more into frontline operations, helping to de-escalate, safely transport and contain high-risk situations. In one example, a multi-year study in a large urban ED recently reported high levels of security engagement, particularly at night, where security databases can be used to enhance improvement work as long as they are connected to clinical documentation (Gupta et al., 2023). In addition to the number of calls, modern guidance emphasizes that prevention and mitigation must be coordinated and interdisciplinary (clear policy, situational awareness, de-escalation training, and standardized documentation) and not reactive and isolated tactics (Rabin et al., 2024).

At the practice level, team-training frameworks like Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) have demonstrated the ability to improve teamwork climate and safety culture, which are basic building blocks to the existence of coordinated response in the event of escalation of risk when aggression, behavioral health issue, or crowding-related stressor occur. TeamSTEPPS training in a quasi-experimental study of newly graduated nurses significantly enhanced perceptions of teamwork and patient-safety culture scores, which may indicate a pathway through which the safety substrate, in which interprofessional coordination is enacted, could be hardened (Milton et al., 2022). To supplement the team training, quick analyses of ED WPV interventions are made, concluding that the most reasonable approach to have an impact is multifaceted, including staff education, environmental and workflow changes, proactive risk assessment, and patient/visitor-centered approaches but more rigorous evaluations should be provided (Recsky et al., 2023).

Combined, the literature indicates three overlapping themes. To start with, it is now common in regions and disciplines that EDs face the impact of a problem of workforce violence (WPV); it can no longer be discussed apart from patient-safety work (Aljohani et al., 2021). Second, there is a lack of coordination between clinical teams and security, inconsistent de-escalation activities, or nonstandard documentation that undermines the safety and impedes post-incident learning (Hassan et al., 2024). Third, system-level, clinician, and security workflow integration, supported by team-training, simulation, team communication tools, and policy clarity, is the most justifiable way of risk mitigation, despite the field requiring more rigorous comparative effectiveness studies (Rabin et al., 2024).

This review summarizes the findings of the latest studies on how the coordination practice of emergency care, nursing, and health care security teams can improve patient and staff safety in EDs. Namely, we (1) visualize the epidemiology and drivers of safety threats with a focus on WPV; (2) evaluate the roles, competencies, and coordination interfaces

of the clinician, nursing, and security functions; (3) review intervention options de-escalation and TeamSTEPPS-based training, the environment-of-care and policy interventions, and (4) pinpoint the gaps in the evidence to inform research and quality-improvement agendas. We would like to shift the focus of discipline-specific lenses to integrated, operationally practical models by focusing interdisciplinary coordination as the organizing construct around which ED leaders can localize to their own local environment.

METHODS

Study Design

The review had a narrative literature review design to critically synthesize the recent peer-reviewed evidence (2020-2024) of how interdisciplinary coordination between emergency care clinicians, nursing staff, and health care security teams affects patient and staff safety in emergency departments (EDs).

The main objective was to combine and synthesize the results of multidisciplinary studies on the organizational, behavioral, and procedural factors that determine teamwork and safety in EDs. The review focused on the importance of cooperation between clinicians, nurses, and security professionals in the prevention and management of workplace violence (WPV), the enhancement of communication and workflow efficiency, and overall safety culture.

Moreover, this paper has reviewed team training models, incident response guidelines, and intervention strategies at the policy level to promote coordinated risk management with special attention to training based on TeamSTEPPS, de-escalation measures, and system-level safety programs.

Data Sources and Search Strategy.

PubMed and Google Scholar are the most authoritative and most frequently used databases in the research of health and emergency care; they were used to perform a comprehensive literature search. A combination of Medical Subject Headings (MeSH) and free-text terms of interdisciplinary teamwork, emergency medicine, and healthcare security was used as the search strategy. The query was narrowed down to the following using Boolean operators:

(emergency department" OR emergency care" OR emergency medicine) AND (interdisciplinary coordination" OR interprofessional teamwork" OR bumping the nurse-physician collaboration" OR team communication" OR TeamSTEPPS); (workplace violence or health care security or safety culture or patient safety or staff safety or risk management).

Peer-reviewed journals in English language published between January 2020 and October 2024 were used and filtered. Key systematic reviews, meta-analyses and professional guidelines (e.g., American College of Emergency Physicians [ACEP], World Health Organization [WHO], Occupational Safety and Health Administration [OSHA], and Emergency Nurses Association [ENA]) were manually searched to find other potentially relevant studies not indexed by the databases. Up-to-date publications reviewed online before publication were also considered to make sure that the latest evidence has been included.

Inclusion and Exclusion Criteria.

Inclusion criteria:

- Empirical or theoretical literature on coordination or collaboration between emergency care, nursing, and security staff in the ED.
- A study that assesses the effect of interdisciplinary teamwork, safety measures, or communication guidelines on patient and staff safety measures.
- Articles depicting quantifiable results like the rate of violence, adverse events, communication failures, teamwork climate, safety culture, or patient satisfaction.
- Quantitative, qualitative, or mixed-method studies, systematic reviews, meta-analyses, and evidence-based guidelines published in the last 2 years (2020-24).

Exclusion criteria:

- Not published after 2020 or in other languages other than English.
- Research that concentrated on clinical processes or medical technologies isolated of interdisciplinary coordination or safety.
- Opinion pieces, abstracts of conferences or grey literature that do not contain empirical data.
- Studies focused solely on non-emergencies (e.g., community health setting, outpatient clinic, or inpatient ward).

Information Mining and Automation.

Relevant screening of all the retrieved articles was done using the title and abstract and then full-text evaluation was done. Important data that were extracted were study design, setting, population, disciplinary composition of teams, nature of interventions, and outcomes of safety that were measured. Results were subsequently themed and placed under the following categories (a) communication and teamwork structures, (b) violence prevention in the workplace, (c) nurse security partnership, (d) training and simulation, and (e) leadership and policy integration.

Synthesis used a narrative and integrative methodology with a focus on convergent evidence as well as diversity in contexts between studies. The methodological quality was not rated, but was estimated in terms of design clarity, rigor of analysis and reporting transparency.

RESULTS

Findings were categorized into core themes corresponding to the review objectives; Coordination mechanisms and safety outcomes, Facilitators and barriers to effective coordination, Nursing and security as co-pillars of safety, Workplace violence, environment and safety culture, Implications for practice, Implications for research, Gaps and future directions and Limitations of current evidence.

DISCUSSION

Findings of the recent literature confirm the overriding significance of interdisciplinary coordination between the clinicians involved in emergency care, nursing teams, and health-care security staff in ensuring safety or patients and staff in the emergency department (ED). In this discussion, the main evidence will be synthesized on the coordination mechanisms and their relationships with safety outcomes (i), facilitators and barriers to effective coordination and teamwork in the ED environment (ii), the role of nursing and security teams in reducing risk and enhancing safety culture (iii), the relationship between this discussion and workplace violence (WPV) and environmental hazards in EDs (iv), implications to practice and research (v), and gaps and future directions (vi).

Coordination mechanisms and safety outcomes

Interdisciplinary coordination, which in this context refers to common communication, role clarity, mutual awareness and coordinated workflow among clinician (physicians, advanced practitioners), nursing, and security resource teams, has been continually associated with a better safety culture and patient-care outcomes in EDs. As an example, the systematic review of teamwork and communication training interventions revealed that the programs led to the enhancement of the safety culture in the ED setting and, in certain instances, to the decrease in the number of medical errors and adverse events (Alsabri et al., 2022). In the meantime, a qualitative investigation of critical event in the ED has revealed that ineffective teamwork and communication were underlying factors of adverse events, and that organized coordination (e.g., shared debriefs, understanding of roles) has been an enabler of safer care (Milton et al., 2022). In that manner, it is evidenced that the idea of coordination across disciplines is relevant to safety.

Within the nursing-ED interface, the research shows that the improved response time, decrease in medical errors, and staff satisfaction are achieved in response to improved nurse-physician communication protocols, structured handover tools, and shared decision-making models (Ghazi S. et al., 2024). Another aspect of interdisciplinary coordination with safety implications is the role of security teams in ED activities, namely, violence prevention, patient transportation, and high-risk behavior containment. As an illustration, an interdisciplinary collaborative violence prevention team (comprising of nursing, psychiatry, security, and patient services) was found to organize interventions, policies and training on prevention of WPV.

Therefore, the concept of coordination does not only include clinical handoffs or workflows but also safety risks management, security incident response, and shared situational awareness between all the personnel operating in the ED sphere.

Facilitators and barriers to effective coordination

The literature provides a number of facilitators of efficient interdisciplinary coordination: shared mental models, joint training, structured communication tools, debriefing culture, and leadership commitment. An example is that the paired and supervised interprofessional student teams in the ED setting, as demonstrated by Hood et al. (2022), exhibited better self-efficacy in collaborative practice. The feeling of belonging and the expectation of the needs of each other (e.g., nurses bringing equipment prior to physician using it) enhanced the team culture and responsiveness (Phillips and Jones, 2024).

Barriers, on the other hand are: role boundaries are not clear enough, staff experience levels are not uniform, high stress environment and overcrowding, poor layout and visibility, absence of standard communication tools, and lack of management support. Among the barriers, Milton et al. (2022) have found barriers like lack of management support, structure and planning and tension between professional role and responsibility. Other literature on rapidly deployed workforce (Schilling et al., 2022) highlights some organisational and team-external factors (e.g., staffing levels, physical environment) as key factors of team effectiveness.

The coordination dilemma is exacerbated in the ED setting, which is defined by the unpredictable workflow and interruptions, changeable teams, and regular admissions/discharges. Security incidents and acts of violence make the environment even more difficult and demand quick coordination between the security functions and the clinical functions.

Nursing and security as co-pillars of safety

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Workplace violence, environment and safety culture

WPV is an emergency safety risk in EDs, and it highlights the importance of interdisciplinary coordination. In a cross-sectional study in a large urban ED, the authors discuss violence against healthcare workers as every 3.7 shifts on average and nurses (odds ratio 3.1) as well as younger workers (age [?]40) as higher risks (Doehring et al., 2023). In an 10-year cohort study (retrospective) of a tertiary ED, 859 incidents were identified, with 31.8 percent being severe, most commonly involving nursing personnel, during off-hours, and most frequently in high-risk locations (trauma, detox) of the ED (Benning et al., 2024).

These results are directly aligned with the issues of coordination: nursing personnel usually have the frontline exposure; emergency care practitioners can be engaged; security is necessary in high-risk scenarios; hence the joint protocols are necessary. Literature on WPV points out that multidisciplinary approaches of interventions, such as combining educational modules, environmental modifications (cameras, panic alarms), security presence, organizational reporting and continuous quality improvement have proved to be more effective (Dunseth-Rosenbaum et al., 2023).

In terms of safety-culture, coordination plays a significant role since, when all disciplines are united in values, understanding their roles, working together in a seamless manner, and learning through incidents, a good safety culture is achieved. As mentioned previously, team training and communication interventions have been found to enhance safety climate measures in Eds (Alsabri et al., 2022). The overall ability to foresee, react to and learn about threats is greatly boosted when the nursing, clinician, and security teams are synchronized, that is, when there is a mutual risk and responsibility toward safety.

Implications for practice

The evidence synthesis supports multiple suggestions in the form of practice implications to ED leaders and hospital management:

- Formatted communication and transfer instruments: Nursing-to-nursing handovers and multidisciplinary briefings may use standardized formats (e.g., ISBAR) to minimize the information leaks and harmonize the understanding of the team members of various disciplines. The ED nursing handover was implemented, which enhanced the completeness and accuracy of information transfer (Galli et al., 2025).
- Didactic training across disciplines: Interprofessional training (physicians, nurses, security/behavioral health) by simulation enables mutual development of mental models, encourages mutual understanding of each other and increases preparedness. As an instance, self-efficacy in collaborative practice was enhanced in interprofessional student teams in ED placements (Hood et al., 2022). Communication and teamwork training intervention have demonstrated a positive influence on safety culture (Alsabri et al., 2022).
- Integration of security and risk management into operational processes: Security is not an external issue, but an integrated form of incorporation of security departments in ED safety governance-incident review, risk assessment, and escalation protocols are a way to cut across clinical and safety spheres. This integration is evidenced by the case of a multidisciplinary prevention team of the type of a WPV (nursing, psychiatry, security) (Spezzano et al., 2023). Preventing workplace violence: behavioral response team through an interdisciplinary approach. Nursing Management, 54(11), 8-15.
- Reactive and evidence-based quality control: Data capture (incident report, violence logs, security call-outs) must be feed to multidisciplinary safety committees consisting of nursing and clinician and security representation. The combination of security and clinical data allows joint learning and redesigning systems.

- Leadership adherence, role definition and resource congruence: Leadership can enable coordination (clearly defined roles, facilitating cross-training, staffing adequacy (to reduce fatigue, interruptions), environmental layout (visibility, waiting-room design) that influence the team workflows and risk (Milton et al., 2022).
- It has been identified that operational planning in case of high-risk situations could be effective because the EDs may be unpredictable, and with the wide popularity of the de-escalation measures and the introduction of the rapid response teams (including nursing, security, clinician, and simulations of security-related incidents), preparedness and safety may be enhanced. In nine months, the quasi-experimental prevention training of nurses by using WPV decreased incidence and enhanced the coping resources (Milton et al., 2022).

Implications for research

Despite the accumulating evidence, several research gaps remain:

- Long-term outcomes or patient-level measures: Lots of studies show an improvement in safety culture or in the attitude of staff members to teamwork, although fewer show patient-level outcomes or the effect of staff injury/turnover. As an example, teamwork training systematic review reported the improvement of culture but a lack of mortality reduction (Alsabri et al., 2022).
- Security-clinical interface assessment: Comparatively low peer-reviewed literature explicitly addresses the aspect of security, nursing, and emergency care team interaction in the ED. It is necessary to study in the future the coordination of these groups in real-time, decision making, communication pathways and the impacts on the safety performance.
- Contextual factors and scalability: There is a need to conduct more research regarding the performance of interventions (training, protocols, security integration) in different environments (low-resource, rural, different hospital systems). The quick survey of adverse-event interventions in EDs was associated with longer-term assessments that were required in resource-limited settings.
- Implementation science and sustainability: Since the coordination interventions need behaviour change and system redesign, studies on implementation strategies, sustainment, cost-effectiveness and change management in EDs are crucial.
- Measurement of the interdisciplinary coordination: The validated instruments to assess interdisciplinary coordination between clinician and nursing functions as well as security functions in EDs would assist in quantifying effect sizes, comparing models and benchmarking best practices.

Gaps and future directions

Several specific gaps merit attention:

- Although most of the literature focuses on nursing-physician communication, security teams are less portrayed in empirical studies on coordination. This is a critical gap given that the level of both WPV and security threats is high in EDs.
- Few studies on training and integration of security personnel in the clinical workflow milieu of the ED; their professional culture, language and metrics tend not to be similar to those of clinical teams.
- Physical environment and workflow structure (e.g., layout, sight lines, waiting-room security, visibility of staffing, etc.), which interact with coordination capacity, are under-researched as combined interventions.
- Nurse-to-patient ratios, security staffing, clinician coverage, and shift patterns (nurse to patient ratios, staffing, and communication gaps and safety) affect team work load, fatigue, and communication lapses and safety. Studies have to correlate staffing structure, coordination quality and results.
- The integration of the data among the clinical staff, nursing documentation and security logs is not often reported. Coordination may be supported by means of integrated information systems and shared dashboards that need to be evaluated.
- Inequality in the world: Numerous researches are conducted in affluent locations. Low- and middle-income countries have additional issues in emergency departments (crowding, less security resources, less training resources) and coordination models might have to be adjusted.

Limitations of current evidence

Knowing limitations is a must: a large number of the studies are either quasi-experimental or observational, thus resulting in a mix of different interventions and outcomes. The systematic review conducted by Alsabri and colleagues (2022) has uncovered very distinct variations in study designs, interventions, and outcome measures which then made it impossible to perform a meta-analysis and limited the ability to make causal inferences (Alsabri et al., 2022). On the other hand, qualitative research like Milton et al. (2022) gives the understanding of the views relating to coordination but does not provide the magnitude of the effects. Some interventions report improved attitudes or teamwork scores but do not translate into demonstrated patient safety outcomes. There is a very limited amount of evidence regarding the specific interactions of the nursing, clinician, and security teams. Due to these limitations, it is prudent to exercise caution in recommending specific coordination models without local adaptation even if the evidence base is growing.

CONCLUSION

To conclude, the studies point out that if emergency care doctors, nursing teams and health-care security personnel communicate and cooperate with each other it would not only enhance the safety of patients but also of the staff in the ED. The application of effective coordination mechanisms—structured communication, shared training, clear roles, integrated risk management—has been linked to the development of a safety culture in the organization, team performance and possibly reduction of errors and adverse events. The involvement of nursing and security partnerships is especially significant in controlling the problematic ED situations caused by the high risk of WPV and workflow stressors. Suggestions for practice are to prepare and introduce structured handover and communication tools, conduct interprofessional simulation training, include security in safety governance, and practice data-driven continuous improvement.

Nonetheless, there are still major gaps, especially in the rigorous assessment of coordination models that involve security teams, in the direct linkage of coordination to patient-care outcomes, in the adaptability across different settings, and in the coordination measurement. The following are some of the methods that future research should use: longitudinal designs, mixed methods that include metrics at the security-clinical interface, and implementation science eras to keep coordination interventions going.

For ED leaders and policy-makers, the message is clear: safety is not only a clinical endeavor but also an operational one that requires all the disciplines to come together. In the quick, unpredictable ED environment, the establishment of a culture of shared responsibility, open communication, mutual respect and coordinated response among clinician, nursing and security teams is not just recommended for safeguarding patients and the staff who serve them—it is definitely the way to go.

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